



QUERI Locally Initiated Project (QLP) “Home-Based Tele-Health Stroke Care: Validation of Evidence-Based Disease Dialogues”

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Introduction

The principal aim of locally initiated projects (LIP) is to perform a needs assessment on stroke patients' and their family members' perception of home-telehealth services (an integration of information and communication technologies which enables a clinician and/or their family caregiver to maintain direct communication). This LIP tests the feasibility of using in-home messaging devices for veterans who have survived a stroke and their informal caregiver (when available). The VA has widely implemented evidence-based disease management dialogues for veterans through an in-home messaging device for common chronic conditions such as diabetes and heart failure, but little is known on the extent to which such dialogues are valid for veterans who have survived a stroke. Dr. Chumbler and RORC researchers worked closely with the VA Office of Care Coordination (OCC) and Health Hero, Inc. to create new dialogues specifically for veterans who have survived a stroke and their caregivers. This LIP will provide important preliminary data on the validity of the post-stroke dialogue, information which is imperative before system-wide implementation.

Dialogue Development

The origin of the questions used in the home-telehealth dialogues were based on pilot data that were collected through face-to-face interviews with seven veterans with a history of stroke and their caregivers (when available). These veterans were enrolled in a care coordination/home-telehealth program that focused on chronic diseases and had experience with videophone or in-home messaging technology. In the pilot study, veterans and their caregivers were asked to describe their stroke experiences and how the technology could be adapted for veterans experiencing a new (recent) stroke. These veterans and their caregivers provided rich descriptions of their experiences with stroke.

Based on these pilot interviews, questions were written to assess veteran and caregiver needs, including support for the caregiving role; unaddressed issues and concerns of both the veteran and the caregiver; and frequency and risk of falling. We also used instruments which have been validated for self-report. These instruments include the Stroke Impact Scale, an abbreviated Zarit Caregiver Scale (for the caregiver only), and an abbreviated PHQ-2 depression scale (for the veteran only).

Data from this needs assessment will be critical in providing the necessary pilot data for a future IIR application to VA HSR&D for a randomized clinical trial that will examine the effectiveness of a home-telehealth intervention in the improvement of the quality of life, functional status, and patient satisfaction and the extent to which service use and costs are reduced for veterans with stroke and their family members versus stroke survivors receiving usual care.

Home Telehealth and the Veterans Health Administration

The VHA is a recognized leader in the development and implementation of home-telehealth services. Home-telehealth services within the VHA have shown some promise in facilitating physiologic measurements and diagnostic testing. It has been shown to obviate unnecessary services (e.g., hospital admissions) and reduce costs in veterans with particular chronic diseases, such as diabetes and hypertension. As the number of veterans who need more non-institutional long-term care services are expected to increase dramatically, home-telehealth may be viewed as one particular type of service that could fill this service need for the VHA.



The Stroke QUERI Executive Committee

A QUERI Executive Committee was established for each QUERI condition. These Committees develop the strategic plans that address current issues in the health care system that are related to their specific condition. The Stroke QUERI's Executive Committee includes experts in both the field of stroke and implementation science. The member ship of the Stroke QUERI Executive Committee is: **David Matchar, MD (Chair)**; Bradley Doebbeling, MD, MSc; Thomas Kent, MD; Sarah Krein, Ph.D., R.N.; Brian Mittman, PhD; Lynnette Nilan, RN, EdD; Eugene Oddone, MD; Robert Ruff, MD; Marita Titler, PhD, RN, FAAN; Ellen Magnis, MBA; Barbara Sigford, MD; Don and Jan Prether.

How Do I Learn More?

For information about QUERI Locally Initiated Project,
and home-telehealth, contact:

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Web Resources

For more information about home telehealth visit the following websites:

http://www1.va.gov/visn8/nfsg/clinical/TeleHealth/sites_gainesville.asp

<http://vaww.va.gov/occ/TH/TelehealthMain.asp>

<http://vaww.va.gov/occ/HomeTelehealth/telehealth.asp>

<http://www.healthhero.com/>

<http://www1.va.gov/rorc/>

For more information about the *Stroke QUERI Center*, visit their website at

<http://www1.va.gov/stroke-queri/>

For more information about the QUERI program in general, visit the national *QUERI website* at

www.hsrdr.research.va.gov/research/queri

To access QUERI's "Guide for Implementing Evidence-Based Clinical Practice and Conducting Implementation Research":

<http://www.hsrdr.research.va.gov/queri/implementation/>